

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

19/890654

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1		1		
3			2		1	
4			2		1	
5			2		1	
6			2		1	
7			2		1	
8			2		1	
9		1	2	1	1	
10		1		1		
11			2		1	
12			2		1	
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TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	12	↓	10	↓		↓
TOTAL CLAIMS	16		13			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS